
2026 Summary of Benefits

Jan. 1, 2026 - Dec. 31, 2026

UFCW Medicare Advantage PPO Plan

Group Number: 228275

This booklet gives you a summary of what the UFCW Medicare Advantage PPO plan covers and what you pay. For a complete list of covered services, call Medical Mutual at 1-800-801-4823 (TTY 711).

Things to know about UFCW Medicare Advantage PPO

Hours of operation

- From Oct. 1 to March 31 (except Thanksgiving and Christmas), you can call Medical Mutual seven days a week from 8 a.m. to 8 p.m. EST.
- From April 1 to Sept. 30 (except holidays), you can call Medical Mutual Monday through Friday from 8 a.m. to 8 p.m. EST.

Phone numbers and website

- If you are a member of this plan, call Medical Mutual at 1-800-801-4823 (TTY 711).
- Our website: MedMutual.com/MAGroup and enter group number, 228275.

Who can join?

To join, you and your Medicare-eligible spouse and/or dependent must be enrolled in Medicare Part A and Part B, entitled to group coverage as a retiree through the UFCW Health and Welfare fund. Our service area includes the United States and all U.S. Territories.

Which doctors and hospitals can I use?

Our plans have in-network and out-of-network access to doctors, hospitals and other providers. If medically necessary, Medical Mutual provides coverage for all covered services, including out-of-network. For a list of network doctors, go to Medicare.gov and use the "Find Care Providers" tool.

- You can see our plan's provider directory at our website, MedMutual.com/MAGroup and enter group number, 228275.
- Or call us and we will send you a copy of the provider directory.

Summary of Benefits

All benefits apply after deductible except where specified.

Premiums and Benefits	What you will pay
Deductible	This plan has a deductible for some hospital and medical services <ul style="list-style-type: none"> In-network and out-of-network: \$375
Maximum Out-of-Pocket Responsibility	You pay no more than: <ul style="list-style-type: none"> In-network and out-of-network: \$10,000 annually If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services, and we will pay the full cost for the rest of the year.
Inpatient Hospital Care (Some services may require prior authorization.)	In-network and out of network: <ul style="list-style-type: none"> \$0 copay for days 1 through 120 (deductible does not apply) \$0 copay for days 121 and after (after deductible)
Outpatient Hospital Services (Some services may require prior authorization.)	<ul style="list-style-type: none"> In-network and out-of-network: \$0 copay
Ambulatory Surgical Center (Some services may require prior authorization.)	<ul style="list-style-type: none"> In-network and out-of-network: \$0 copay
Doctor's Office Visits (Some services may require prior authorization.)	<p>You have the option to get these services through an in-person visit or by telehealth. If you choose to get one of these services by telehealth, you must use a provider who offers the service by telehealth.</p> <p>Primary care provider (PCP) visit:</p> <ul style="list-style-type: none"> In-network and out-of-network: \$0 copay <p>Specialist visit:</p> <ul style="list-style-type: none"> In-network and out-of-network: \$0 copay <p>There is no coinsurance, copay or deductible for the Welcome to Medicare physical or annual wellness visit when performed at an in-network provider.</p>

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Premiums and Benefits	What you will pay
<p>Preventive Care (Deductible does not apply.)</p>	<p>In-network and out-of-network: \$0 copay Our plan covers many preventive services, including:</p> <ul style="list-style-type: none"> ▪ Abdominal aortic aneurysm screening ▪ Alcohol misuse screening and counseling ▪ Annual wellness visit ▪ Bone mass measurement ▪ Breast cancer screening (mammogram) ▪ Cardiovascular disease testing ▪ Cervical and vaginal cancer screening ▪ Colorectal cancer screening ▪ Depression screening ▪ Diabetes screening ▪ HIV screening ▪ Immunizations, including flu, COVID-19, hepatitis B and pneumonia shots ▪ Lung cancer screening ▪ Medical nutrition therapy services ▪ Medicare Diabetes Prevention Program (MDPP) ▪ Obesity screening and therapy ▪ Prostate cancer screening exam ▪ Sexually transmitted infections screening and counseling ▪ Smoking and tobacco use cessation counseling ▪ Welcome to Medicare preventive visit (one-time) <p>Other preventive services are available. There are some covered services that have a cost.</p>
<p>Emergency Care</p>	<p>\$0 copay for each covered emergency room visit. You may get covered emergency medical care whenever you need it, anywhere in the world, up to \$50,000 per calendar year.</p>
<p>Urgently Needed Services</p>	<p>\$0 copay for each covered urgent care center visit. An urgently needed service is a non-emergency, unforeseen medical illness, injury or condition that requires immediate medical care. You may get covered emergency medical care/urgently needed services whenever you need it, anywhere in the world, up to \$50,000 per calendar year.</p>
<p>Diagnostic Services, Labs and Imaging (Some services may require prior authorization.)</p>	<p>Diagnostic medical tests:</p> <ul style="list-style-type: none"> ▪ In-network and out-of-network: \$0 copay <p>Diagnostic radiological services (CT/MRI/MRA/PET scans):</p> <ul style="list-style-type: none"> ▪ In-network and out-of-network: \$0 copay for each covered service <p>Lab services:</p> <ul style="list-style-type: none"> ▪ In-network and out-of-network: \$0 copay <p>Outpatient X-rays:</p> <ul style="list-style-type: none"> ▪ In-network and out-of-network: \$0 copay <p>Therapeutic radiology services (such as radiation therapy for cancer):</p> <ul style="list-style-type: none"> ▪ In-network and out-of-network: \$0 copay

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Premiums and Benefits	What you will pay
Hearing Services	<p>Original Medicare-covered hearing exams:</p> <ul style="list-style-type: none"> In-network and out-of-network: \$0 copay <p>Routine hearing exam (1 every year):</p> <ul style="list-style-type: none"> \$0 copay <p>TruHearing-branded hearing aids (1 per ear per year):</p> <ul style="list-style-type: none"> \$499 copay for each covered Standard hearing aid \$699 copay for each covered Advanced hearing aid \$999 copay for each covered Premium hearing aid
Vision Services	<p>Original Medicare-covered eye exams, including yearly glaucoma screening and diabetic eye exam:</p> <ul style="list-style-type: none"> In-network and out-of-network: \$0 copay <p>Original Medicare-covered eyeglasses or contact lenses after cataract surgery:</p> <ul style="list-style-type: none"> In-network and out-of-network: 0% coinsurance after deductible <p>The Optional Supplemental Benefits plan provides an increased allowance of \$250 toward vision services. For more information, see this plan's Evidence of Coverage.</p>
<p>Mental Health Care (Some services may require prior authorization.)</p>	<p>Inpatient visit: In-network and out-of-network:</p> <ul style="list-style-type: none"> 0% coinsurance applied days 1 through 120 (deductible does not apply) 0% coinsurance applies days 121 and after (after deductible) <p>Outpatient visit:</p> <ul style="list-style-type: none"> In-network and out of network: \$0 copay <p>This applies to an individual therapy visit or if the visit is part of group therapy.</p>
<p>Skilled Nursing Facility (SNF) Care (Some services may require prior authorization.)</p>	<p>There is no limit to the number of days covered by the Plan. Skilled nursing facility stays are not subject to your Plan's deductible.</p> <p>In-network and out-of-network:</p> <ul style="list-style-type: none"> \$0 copay/0% coinsurance
<p>Outpatient Rehabilitation Services (Some services may require prior authorization.)</p>	<p>Physical therapy, occupational therapy or speech/language therapy visit:</p> <ul style="list-style-type: none"> In-network and out-of-network: \$0 copay <p>Cardiac (heart) rehabilitation services:</p> <ul style="list-style-type: none"> In-network and out-of-network: \$0 copay <p>Pulmonary (lung) rehabilitation services:</p> <ul style="list-style-type: none"> In-network and out-of-network: \$0 copay

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Premiums and Benefits	What you will pay
<p>Ambulance (Some services may require prior authorization.)</p>	<p>Air ambulance trip:</p> <ul style="list-style-type: none"> ▪ In-network and out-of-network: \$0 copay <p>Ground ambulance trip:</p> <ul style="list-style-type: none"> ▪ In-network and out-of-network: \$0 copay
<p>Outpatient Substance Use Disorder Services</p>	<ul style="list-style-type: none"> ▪ In-network and out-of-network: \$0 copay <p>This applies to an individual therapy visit or if the visit is part of group therapy.</p>
<p>Foot Care (Podiatry Services) (Some services may require prior authorization.)</p>	<p>Medicare-covered podiatry visit:</p> <ul style="list-style-type: none"> ▪ In-network and out-of-network: \$0 copay
<p>Durable Medical Equipment (DME) (wheelchairs, oxygen, etc.) (Some services may require prior authorization.)</p>	<p>You must get durable medical equipment through participating plan suppliers.</p> <p>For DME, including insulin pumps and continuous glucose monitors (CGMs):</p> <ul style="list-style-type: none"> ▪ In-network and out-of-network: \$0 copay <p>CGMs are only covered with an approved prior authorization. Coinsurance may apply. For more information on DME items and cost sharing, please reference this plan's Evidence of Coverage. For information on Diabetic supplies, review the "Diabetes Supplies and Services" section of this document, or refer to this plan's Evidence of Coverage.</p>
<p>Prosthetic and Orthotic Devices and Related Supplies (Some services may require prior authorization.)</p>	<ul style="list-style-type: none"> ▪ In-network and out-of-network: \$0 copay
<p>Diabetes Supplies and Services</p>	<p>Diabetes monitoring supplies and therapeutic shoes or inserts:</p> <ul style="list-style-type: none"> ▪ In-network and out-of-network: \$0 copay <p>\$0 copay (deductible does not apply) for the following diabetic supplies:</p> <ul style="list-style-type: none"> ▪ A blood glucose meter (excluding CGMs) ▪ Blood glucose test strips ▪ Lancing devices and glucose lancets ▪ Glucose control solutions for checking the accuracy of test strips, glucose meters and glucose monitors <ul style="list-style-type: none"> ▪ You will pay no more than a \$35 copay for a one-month supply of insulin. See the Evidence of Coverage for more details. For cost sharing information for CGMs and insulin pumps, see the "Durable Medical Equipment (DME)" section of this document.

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Premiums and Benefits	What you will pay
<p>Health and Wellness Education Programs (Some services may require prior authorization.)</p>	<p>Chronic Condition Management Program This program can help you stay healthy, manage your chronic conditions and maintain your independence. Working with a trained health coach, you will develop a plan that supplements the care you receive from your doctor.</p> <p>Home Meals Within 30 days of being discharged from an inpatient hospital stay, you are eligible to receive two meals a day for seven days delivered directly to your home. Prior authorization rules may apply.</p> <p>24/7 Nurse Line If you have questions about symptoms you are experiencing but aren't sure if you need to see your doctor, nurses are available for confidential calls 24 hours a day, seven days a week at 1-888-912-0636 (TTY 711).</p> <p>Smoking and Tobacco Cessation Program Our smoking and tobacco cessation program offers free coaching, quit aids and tools to help you stop using tobacco. Get personalized guidance, medication options, motivational texts, step-by-step support and more.</p> <p>SilverSneakers® Fitness Program SilverSneakers is a complete health and fitness program designed for Medicare members at all fitness levels. Members will have access to participating gyms and fitness centers to help them meet their personal wellness goals. Note: non-standard fitness center services that usually have an extra fee are not included in your membership.</p> <p>WeightWatchers Program To help you meet your health goals, we partner with WeightWatchers, the world's leading provider of weight management services. Monthly WeightWatchers fees are reduced for MedMutual Advantage members. Note: you pay your reduced fees, and the benefit does not include food or meals.</p>

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Premiums and Benefits	What you will pay
<p>Chiropractic Care (Some services may require prior authorization.)</p>	<ul style="list-style-type: none"> ▪ In-network and out-of-network: \$0 copay <p>We cover unlimited visits for manual manipulation of the spine to correct subluxation. All other chiropractic services are limited to 10 visits per calendar year.</p>
<p>Home Health Care (Some services may require prior authorization.)</p>	<ul style="list-style-type: none"> ▪ In-network and out-of-network: \$0 copay
<p>Renal Dialysis</p>	<p>Covered dialysis equipment and supplies:</p> <ul style="list-style-type: none"> ▪ In-network and out-of-network: \$0 copay
<p>Hospice</p>	<p>When you enroll in a Medicare certified hospice program, your hospice services (and any Part A or Part B services related to your terminal prognosis) are paid for by Original Medicare.</p>

Please Note: Our Nurse Line is not intended to replace the medical care or advice you receive from your doctor. If you have a medical emergency, you should always seek treatment at the nearest medical facility or call 911. WW Logo and Weight Watchers are the trademarks of WW International, Inc. SilverSneakers is a registered trademark of Tivity Health, Inc.

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Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, call Medical Mutual at 1-800-801-4823 (TTY 711).

Understanding the Benefits

- The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs and benefits before you enroll. To view a copy of the EOC, visit [MedMutual.com/MAGroup](https://www.MedMutual.com/MAGroup) and enter group number, 228275 or call Medical Mutual at 1-800-801-4823 (TTY 711).
- Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor. To view a copy of the provider directory, visit [MedMutual.com/MAGroup](https://www.MedMutual.com/MAGroup) and enter group number, 228275 or call Medical Mutual at 1-800-801-4823 (TTY 711).

Understanding Important Rules

- In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- Benefits, premiums and/or copays/coinsurance may change on Jan. 1, 2027.
- Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services provided by a non-contracted provider, the provider must agree to treat you. Except in an emergency or urgent situations, non-contracted providers may deny care.

Notice of Availability of Language Assistance and Auxiliary Aids and Services



English

ATTENTION: If you speak [language], free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-800-382-5729 (TTY: 711) or speak to your provider.

Spanish

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-800-382-5729 (TTY: 711) o hable con su proveedor.

German

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzen zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-800-382-5729 (TTY: 711) an oder sprechen Sie mit Ihrem Provider.

Italian

ATTENZIONE: se parli Italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi ausiliari adeguati per fornire informazioni in formati accessibili. Chiama il 1-800-382-5729 (TTY: 711) o parla con il tuo fornitore.

Russian

ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-800-382-5729 (TTY: 1-711) или обратитесь к своему поставщику услуг.

French

ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-800-382-5729 (TTY: 711) ou parlez à votre fournisseur.

Chinese

注意: 如果您说[中文], 我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务, 以无障碍格式提供信息。致电 1-800-982-3117 (文本电话: 711) 或咨询您的服务提供商。

Vietnamese

LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-800-382-5729 (Người khuyết tật: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn."

Arabic

،ةببرعلا ةغللا ثدحتت تنك اذ: هيبتةببرعلا امك .ةيناجملا ةيوغللا ةدعاسملا تامدخ كل رفوتتسف تامولعمل ريفوتل ةبسانم تامدخو ةدعاسم لئاسو رفوتت مقرلا يلعل لصتا .اناجم اهيل لوصول نكمي تاقيسنتب 1-800-382-5729 (TTY: 711)

Korean

주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-800-382-5729 (TTY: 711)번으로 전화하거나 서비스 제공업체에 문의하십시오.

Cushite/Oromo

HUBACHIISA: Yoo Afaan Oromoo dubbattu ta'e, tajaajiloonni gargaarsa afaanii bilisaa isiniif ni argamu. Deeggarsi dabalataa fi tajaajilootni mijaa'oo ta'an odeeffannoo bifa dhaqqabamaa ta'een kennuuf gargaaranis kaffaltii malee ni argamu. Gara 1-800-382-5729 (TTY: 711) tti bilbilaa ykn dhiyeessaa keessan haasofsiiisaa.

Tagalog

PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-800-382-5729 (TTY: 711) o makipag-usap sa iyong provider.

Romanian

ATENȚIE: Dacă vorbiți Română, aveți la dispoziție servicii de asistență lingvistică gratuite. De asemenea, sunt disponibile gratuit materiale și servicii auxiliare adecvate pentru furnizarea de informații în formate accesibile. Sunați la 1-800-382-5729 (TTY: 711) sau contactați-vă furnizorul.

Japanese

注: 日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル(誰もが利用できるよう配慮された)な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。1-800-382-5729(TTY:711)までお電話ください。または、ご利用の事業者にご相談ください。

Dutch

LET OP: als je Nederlands spreekt, zijn er gratis taalhelpdiensten voor je beschikbaar. Passende hulpmiddelen en diensten om informatie in toegankelijke formaten te verstrekken, zijn ook gratis beschikbaar. Bel 1-800-382-5729 (TTY: 711) of spreek met je provider.

Pennsylvania Dutch

WICHDICH: Wann du Deitsch schwetzscht un hoscht Druwwel fer Englisch verschtehe, kenne mer epper beigriege fer dich helfe unni as es dich ennich eppes koschte zeelt. Mir kenne dich helfe aa wann du Druwwel hoscht fer heere odder sehne. Mir kenne Schtofft lauder mache odder iesier fer lese un sell koscht dich aa nix. Ruf 1-800-382-5729 (TTY: 711) uff odder schwetz mit dei Provider.

Ukrainian

УВАГА: Якщо ви розмовляєте українська мова, вам доступні безкоштовні мовні послуги. Відповідні допоміжні засоби та послуги для надання інформації у доступних форматах також доступні безкоштовно. Зателефонуйте за номером 1-800-382-5729 (TTY: 711) або зверніться до свого постачальника.

Navajo

BAA'ÁKONÍNÍZIN: Diné bizaad bíyáti' nílt'íí', t'áá jíík'ehgo saad bee áká anilyeedígíí t'áá hóló. T'áá jíík'ehgo áká anilyeedígíí dóó bee haz'ánígíí t'áá hóló. t'áá íiyisí bee t'áá ájík'ehgo. 1-800-382-5729 (TTY: 711) bich'í' hodíilnih dóó provider ní'doolníí.

Notice of Nondiscrimination and Accessibility Requirements: Discrimination is Against the Law

Medical Mutual of Ohio complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (consistent with the scope of sex discrimination described at 45 CFR § 92.101(a)(2)). Medical Mutual of Ohio does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

Medical Mutual of Ohio:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language assistance services to people whose primary language is not English, which may include:
 - Qualified interpreters
 - Information written in other languages.

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact our Civil Rights Coordinator at CivilRightsCoordinator@MedMutual.com.

If you believe that Medical Mutual of Ohio has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with our Civil Rights Coordinator.

100 American Road
Cleveland, OH 44144

Call: 1-800-382-5729 (TTY: 711)
Email: CivilRightsCoordinator@MedMutual.com

You can file a grievance in person, by mail, or email. If you need help filing a grievance, our Civil Rights Coordinator (who is also our Section 1557 Coordinator) is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

- Complaint forms are available at: <http://www.hhs.gov/ocr/office/file/index.html>
- This notice is available at Medical Mutual's website: www.MedMutual.com

Questions about your benefits or other inquiries about your health insurance should be directed to Medical Mutual's Customer Care Department at 1-800-382-5729.

Products marketed by Medical Mutual may be underwritten by one of its subsidiaries, such as Medical Health Insuring Corporation of Ohio or MedMutual Life Insurance Company.

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IMPORTANT INFORMATION:

2026 Medicare Star Ratings



Medical Mutual of Ohio - H4497

For 2026, Medical Mutual of Ohio - H4497 received the following Star Ratings from Medicare:

Overall Star Rating: ★★★★★
Health Services Rating: ★★★★★
Drug Services Rating: ★★★★★

Every year, Medicare evaluates plans based on a 5-star rating system.

Why Star Ratings Are Important

Medicare rates plans on their health and drug services.

This lets you easily compare plans based on quality and performance.

Star Ratings are based on factors that include:

- Feedback from members about the plan's service and care
- The number of members who left or stayed with the plan
- The number of complaints Medicare got about the plan
- Data from doctors and hospitals that work with the plan

More stars mean a better plan – for example, members may get better care and better, faster customer service.

Get More Information on Star Ratings Online

Compare Star Ratings for this and other plans online at [Medicare.gov/plan-compare](https://www.medicare.gov/plan-compare).

Questions about this plan?

Contact Medical Mutual of Ohio 7 days a week from 8:00 a.m. to 8:00 p.m. Eastern time at 800-801-4823 (toll-free) or 711 (TTY), from October 1 to March 31. Our hours of operation from April 1 to September 30 are Monday through Friday from 8:00 a.m. to 8:00 p.m. Eastern time. Current members please call 800-801-4823 (toll-free) or 711 (TTY).

The number of stars show how well a plan performs.

- ★★★★★ EXCELLENT
- ★★★★☆ ABOVE AVERAGE
- ★★★☆☆ AVERAGE
- ★★☆☆☆ BELOW AVERAGE
- ★☆☆☆☆ POOR

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MEDICAL MUTUAL®

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MedMutual.com/Medicare